### MEASURE Evaluation: Child Questionnaire aged 10-17 years

**IDENTIFICATION DATA**

|  |  |  |
| --- | --- | --- |
| **001** | QUESTIONNAIRE IDENTIFICATION NUMBER |  |
| **002** | PROVINCE OR STATE |  |
| **003** | DISTRICT OR LOCAL GOVERNMENT AREA |  |
| **004** | CONSTITUENCY |  |
| **005** | WARD |  |
| **006** | TYPE OF LOCATION*Circle* | UrbanRural | 12 |
| **007** | TOWN/VILLAGE |  |
| **008** | NEIGHBOURHOOD |  |
| **009** | GPS READINGS | 1. Latitude
2. Longitude
 | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**INTERVIEW LOG**

|  |  |  |  |
| --- | --- | --- | --- |
|  | VISIT 1 | VISIT 2 | VISITI 3 |
| DATE (day/month/year) |  |  |  |
| INTERVIEWER COMMENTS  |  |  |  |

Interview comment codes: Interview completed 1; Appointment made for later today 2; Appointment made for another day 3; Refused to continue and no appointment made 4; Other (Specify) 5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **010** | INTERVIEWER | 1. CODE
 |  | 1. NAME
 |  |
| **011** | DATE INTERVIEW COMPLETED (day/month/year) |  |
| **012** | START TIME | [\_\_|\_\_|:[\_\_|\_\_] |

**CHECKED BY TEAM LEADER: Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Comments

**SECTION 1: BACKGROUND INFORMATION**

Let’s start out by you telling me a little about yourself.

|  |  |  |
| --- | --- | --- |
| **No.** | **Questions** | **Coding Categories** |
| **101** | **Record / Confirm Child’s Name**What is your name? |  |
| **102** | **Record Child’s Line Letter from Household Schedule (Caregiver Questionnaire)** |  |
| **103\*** | **Record / Confirm Child’s Sex** | FemaleMale | 12 |
| **104** | In what month and year were you born? | Month[\_\_|\_\_] | Year[\_\_|\_\_|\_\_|\_\_] |
| **105\*** | How old were you at your last birthday?**Confirm with 104 and adjust if necessary. Do not leave blank. If child does not know, ask caregiver to estimate age of child.** | [\_\_|\_\_] years |
| **106** | Who takes care of you? **Do not read responses. Record one primary response only.**  | Mother and/or fatherSister and/or brotherAunt and/or uncleGrandmother and/or GrandfatherOther relativeNeighbor FriendNo one/selfOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1234567866 |

**--- END OF SECTION ---**

**SECTION 2: DIARY**

I would like you to talk to me about your day yesterday. **If yesterday wasn’t a school day, ask about last school day.**

| **No.** | **Questions** | **Coding Categories** | **SKIP** |
| --- | --- | --- | --- |
| **201** | When did you get up – would you say, before the sun was up/it got light or after the sun was up/it got light?  | Before sunriseAfter sunrise | 12 | **If After: 203** |
| **202** | And what did you do after you got up, but before it got light? Anything else? | Mark X in all applicable boxes in diary |
| **203** | Now, thinking about the time between when the sun came up/it got light and noon/the middle of the day, what did you do? Anything else? | Mark X in all applicable boxes in diary |
| **204** | And around noon, what did you do? Anything else? | Mark X in all applicable boxes in diary |
| **205** | Now, let’s think about the time between noon sundown/when it started to get dark, what did you do? Anything else? | Mark X in all applicable boxes in diary |
| **206** | Now, let’s think about after it got dark. What did you do before you went to sleep? Anything else? | Mark X in all applicable boxes in diary |

**Instructions: Ask about the time frames one at a time; probe for additional activities before going on to the next time frame. Every column should have at least one activity box marked. Multiple activities permitted. Do not read response options.**

|  |  |
| --- | --- |
| **Activity** | Time |
| **202** Before sun-up | **203** Sun-up to noon | **204** Noon | **205** Noon to sun-down | **206** After sun-down |
| Sleep |  |  |  |  |  |
| Meal |  |  |  |  |  |
| Household chores |  |  |  |  |  |
| Work on family / household farm |  |  |  |  |  |
| Care for household member - child |  |  |  |  |  |
| Care for household member - adult |  |  |  |  |  |
| School attendance |  |  |  |  |  |
| School work |  |  |  |  |  |
| Work (excluding household chores) |  |  |  |  |  |
| Informal recreation/leisure |  |  |  |  |  |
| Organized recreation/club |  |  |  |  |  |
| Other: specify \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

**--- END OF SECTION ---**

**SECTION 3: EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Question** | **Coding Category** | **SKIP** |
| **301\*** | Are you currently enrolled in school?  | Yes **(correct diary)**No | 12 | **If No: 306** |
| **302\*** | During the last school week, did you miss any school days for any reason?  | Yes No | 12 | **If No: 304** |
| **303** | Why did you miss school days during the last school week?**Do not read responses. Circle one primary response.** | No money for school materials, transportI am too sick to attend schoolSchool is too far away / no schoolI have to workI have to care for household membersParent/guardian does not want me to go to schoolI don’t like schoolSchool was not in sessionOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1234567866 |  |
| **304\*** | What grade/form/year are you in now? | [\_\_|\_\_] | **All: 307** |
| **305** | Why do you NOT go to school?**Do not read responses. Circle one primary response.** | No money for school materials, transportI am too sick to attend schoolSchool is too far away / no schoolI have to workI have to care for household membersParent/guardian does not want me to go to schoolI don’t like schoolSchool was not in sessionOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1234567866 |  |
| **306** | Have you ever attended school?  | Yes No | 12 | **If No: 401** |
| **307\*** | Were you enrolled in school during the previous school year? | YesNo | 12 | **If No: 309** |
| **308\*** | What grade/form/year were you in during the previous school year? | [\_\_|\_\_] | **All: 401** |
| **309\*** | What is the highest grade/form/year that you have completed? | [\_\_|\_\_] |  |

**--- END OF SECTION ---**

**SECTION 4: CHORES & WORK**

| **No.** | **Questions** | **Coding Categories** | **SKIP** |
| --- | --- | --- | --- |
| **401** | **Check DIARY. Were the household chores and/or care for your family or household, mentioned?** | YesNo | 12 | **If Yes: 403** |
| **402** | Do you sometimes do household chores, or care for a member of your household? | Yes **(correct diary)**No | 12 | **If No: 405** |
| **403** | What household chores do you usually do? Anything else? **Multiple responses possible; circle all mentioned. Probe with response categories if necessary.****Corroborate with diary.** | Prepare food | 1 |  |
| Fetch water  | 2 |
| Clean toilets | 3 |
| Take care of children | 4 |
| Plant/tend to/harvest crops | 6 |
| Feed, care for animals | 7 |
| Wash clothes, blankets | 8 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 66 |
| **404** | About how much time do you spend per day doing household or farm chores for your family? | Less than 1 hour1-2 hours3-4 hoursMore than 4 hours / most of the dayIt depends / it is different everyday | 12345 |  |
| **405** | **Check DIARY Was other work mentioned?**  | YesNo | 12 | **If Yes: 407** |
| **406** | Apart from these chores, do you sometimes do other work outside your home? | Yes **(correct diary)**No | 12 | **If No: 411** |

| **No.** | **Questions** | **Coding Categories** | **SKIP** |
| --- | --- | --- | --- |
| **407** | What kinds of other work do you sometimes do? Anything else?**Multiple responses possible; circle all mentioned. Probe with response categories if necessary.****Corroborate with diary.** | Hawk goods | 1 |  |
| Sell food at market | 2 |
| Household / farm chores for other families | 3 |
| Work in a restaurant or bar | 4 |
| Help out in shop | 5 |
| Construction | 6 |
| Sewing | 7 |
| Mechanic | 8 |
| Clerk, Delivery, Administrative  | 9 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 66 |
| **408** | How often do you do other work? Would you say….?**Read response categories** | Every day / most days | 1 | **If Every day (1): 409****All others: 410** |
| Several times a week | 2 |
| Once a week | 3 |
| Once in a while | 4 |
| **409** | About how much time do you spend per day doing this work? | Less than 1 hour1-2 hours3-4 hoursMore than 4 hoursIt depends / it is different everyday | 12345 |  |
| **410** | Have you ever received money for any of the work that you do?  | YesNo | 12 |  |
| **411** | What [else] do you do to get money? | NothingBeggingOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1266 | **If work mentioned, return to 406-410.** |
| **412** | What do you do with the money you get? Anything else?**Multiple responses possible; circle all mentioned. Probe with response categories if necessary.** | Give to parents / guardians  | 1 |  |
| Pay for my school expenses | 2 |
| Pay for school expenses of others | 3 |
| Buy food for myself | 4 |
| Buy food for others | 5 |
| Buy other things for myself | 6 |
| Save it | 7 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 66 |

**--- END OF SECTION ---**

**SECTION 5: FOOD AND ALCOHOL CONSUMPTION**

Next I would like to ask you about what you eat and drink.

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Question** | **Coding Category** | **SKIP** |
| **Placeholder for Optional Module 1: Dietary diversity**  |
| **501** | In the past four weeks, did you have to eat a smaller meal than you felt you needed because there was not enough food? | YesNo | 12 | **If No: 503** |
| **502** | **If yes –**How many times did this happen?**Read out responses.** | Rarely (1-2 times in past 4 weeks)Sometimes (3-10 times in past 4 weeks)Often (more than 10 times in past 4 weeks) | 123 |  |
| **503** | In the past four weeks, did you have to skip a meal because there was not enough food? | YesNo | 12 | **If No: 505** |
| **504** | **If yes –**How many times did this happen?**Read out responses.**  | Rarely (1-2 times in past 4 weeks)Sometimes (3-10 times in past 4 weeks)Often (more than 10 times in past 4 weeks) | 123 |  |
| **505** | In the past four weeks did you go to sleep at night hungry because there was not enough food to eat? | YesNo | 12 | **If No: 507** |
| **506** | **If yes –**How many times did this happen?**Read out responses.**  | Rarely (1-2 times in past 4 weeks)Sometimes (3-10 times in past 4 weeks)Often (more than 10 times in past 4 weeks) | 123 |  |
| **507\*** | In the past four weeks did you go a whole day and night without eating anything because there was not enough food to eat? | YesNo | 12 | **If No: 509** |
| **508** | **If yes –**How many times did this happen?**Read out responses.**  | Rarely (1-2 times in past 4 weeks)Sometimes (3-10 times in past 4 weeks)Often (more than 10 times in past 4 weeks) | 123 |  |
| **509** | Have you ever consumed a drink containing alcohol including beer, spirits – that is a whole glass or drink, not just a taste? | YesNo | 12 | **If No: 601** |
| **510** | When was the last time you consumed a drink containing alcohol? **Read out responses.** | Yesterday / a few days ago About a week ago More than a week ago | 123 |  |
| **511** | How often does it happen that you consume a drink containing alcohol? **Read out responses.**  | Only once in a whileAt least once a week | 12 |  |

**--- END OF SECTION ---**

**SECTION 6: HEALTH, SUPPORT AND PROTECTION**

Now I have a few questions about your health and wellbeing.

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Question** | **Coding Category** | **SKIP** |
| **601\*** | Do you have a birth certificate?  | YesNoDon’t know | 1288 | **If No: 603****If DK: 603** |
| **602\*** | Could you please show me your birth certificate?  | Seen / confirmedNot seen / not confirmed | 12 |  |
| **603\*** | At any point in the last 2 weeks, have you been too sick to participate in daily activities?  | YesNo | 12 |  |
| **604** | Do you have a disability that makes it difficult for you to participate in daily activities? | YesNo | 12 | **If No: 606** |
| **605** | How would you describe your disability? | Blind or partially blindDeaf or partially deafI have difficulties learningPhysicalOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 123466 |  |
| **606\*** | I’m going to ask you a few questions about people in your life. Please respond yes or no. Do you have someone in your life to turn to for suggestions about how to deal with a personal problem? | YesNo | 12 |  |
| **607\*** | Do you have someone in your life to help with daily chores if you were sick? | YesNo | 12 |  |
| **608\*** | Do you have someone in your life that shows you love and affection?  | YesNo | 12 |  |
| **609\*** | Do you have someone in your life to do something enjoyable with? | YesNo | 12 |  |
| **Placeholder for Optional Module 2: Perceptions and experience of violence** |

**--- END OF SECTION ---**

**SECTION 7: HIV/AIDS KNOWLEDGE, ATTITUDES & SEXUAL BEHAVIOR**

**Section may be restricted to ages 13-17 only, depending on country program**

*We are nearly done. I have a few short questions on a disease called HIV/AIDS.*

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Question** | **Coding Categories** | **SKIP** |
| **Placeholder for Optional Module 3: Child development knowledge**  |
| **701** | Have you ever heard of an illness called AIDS? | YesNo | 12 | **If No: 801** |
| **702** | Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners? | YesNoDon’t know / Not sure | 1288 |  |
| **703** | Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex? | YesNoDon’t know / Not sure | 1288 |  |
| **704** | Is it possible for a healthy-looking person to have the AIDS virus? | YesNoDon’t know / Not sure | 1288 |  |
| **705** | Can people get the AIDS virus from mosquito bites? | YesNoDon’t know / Not sure | 1288 |  |
| **706** | Can people get the AIDS virus by sharing food with someone who has AIDS? | YesNoDon’t know / Not sure | 1288 |  |
| **707** | Can the virus that causes AIDS be transmitted from a mother to her baby:1. During pregnancy?
2. During delivery?
3. By breastfeeding?
 |  | Yes | No | DK |  |
| 1. During pregnancy
 | 1 | 2 | 8 |
| 1. During delivery
 | 1 | 2 | 8 |
| 1. By breastfeeding
 | 1 | 2 | 8 |
| **Placeholder for Optional Module 4: HIV/AIDS attitudes and beliefs** |
| **708** | I have a few more questions about HIV. If you don’t want to answer, that is all right.I don’t want to know the results, but have *you* ever been tested to see if you have the AIDS virus? | YesNoDon’t know | 1288 | **If No: 710****If DK: 710** |
| **709** | I don’t want to know the results but did you get the results of your test? | YesNo | 12 |  |
| **710** | Do you know of a place where people can go to get tested for the AIDS virus? | YesNo | 12 |  |
| **Placeholder for Optional Module 5: Sexual behavior**  |

**SECTION 8: ACCESS TO HIV PREVENTION, CARE & SUPPORT**

We have arrived at the last section of the questionnaire. We are almost finished. Thank you very much for your participation so far.

**Instructions: Respondents should respond only for services that they personally have received. The caregiver or head of household will also be asked. Data may be cross-checked. OR, this question may be posed to either the adult or the child (instead of both).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **801** | I am going to read out a list of items and services. Please tell me if YOU have received or accessed any of these items of services in the last 6 months.**Read out services. Confirm responses with caregiver. Circle final responses.**[ADD / DELETE ITEMS AS RELEVANT TO PURPOSE] | 1. Health care from a health professional
 | Yes | No |
| 1. Home visit from a community worker or social worker
 | Yes | No |
| 1. Free school supplies or a school uniform
 | Yes | No |
| 1. Mosquito net
 | Yes | No |
| **Ages 13-17** |
| 1. Information on how to prevent HIV and other sexually transmitted infections
 | Yes | No |
| 1. Information on birth spacing
 | Yes | No |
| 1. Livelihood training
 | Yes | No |
| **Ages 15-17** |
| 1. Life skills training
 | Yes | No |

**--- END OF SECTION ---**

**SECTION 9: WEIGHT, HEIGHT & MUAC**

We are almost finished! May I [weigh/measure] you?

|  |  |  |
| --- | --- | --- |
| **No.** | **Question** | **Coding Category** |
| **901\*** | **Weigh child and measure child’s height. Document measurements.**  | 1. Weight
 | [\_\_|\_\_|\_\_] Kg |
| 1. Height
 | [\_\_|\_\_|\_\_] Cm |
| 1. MUAC
 | [\_\_|\_\_].[\_\_|\_\_] Cm |

I have come to the end of my questions. Is there anything you would like to add or ask us?

|  |
| --- |
|  |

Thank you for participating in this interview!

|  |  |  |
| --- | --- | --- |
| **013** | END TIME | [\_\_|\_\_|:[\_\_|\_\_] |